

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10-088917</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	/		/				53						
4		/		/			54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			19				TOTAL DEP.						
TOTAL CLAIMS			22				TOTAL CLAIMS						

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